

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Citation	Condition or Requirement
1906 of the Act	<p>State Method on cost effectiveness of Employer-Based Group Health Plans.</p> <ol style="list-style-type: none">1. Review of policy to determine if coverage is comprehensive.2. Determine cost of policy on a monthly basis.3. Review Expenditure and Utilization Analysis Report that shows cost per user and cost per eligible for those covered on Medicaid. This report is broken down by age and sex.4. If policy costs are less than the average cost per user for the age and sex, and the coverage under the policy is comprehensive, it is determined to be cost-effective and premium payments are made by the State Agency.5. If policy cost is over the average cost per user, the client's medical condition is reviewed to see if he/she has required or will be requiring extensive medical care. If it is determined there will be extensive medical care required, and the plan is comprehensive in its coverage, the State Agency will cover the cost of insurance premiums.